

## **MINUTES**

### **MONTANA SENATE 59th LEGISLATURE - REGULAR SESSION**

#### **COMMITTEE ON PUBLIC HEALTH, WELFARE AND SAFETY**

**Call to Order:** By **CHAIRMAN BRENT R. CROMLEY**, on February 2, 2005  
at 3:45 P.M., in Room 317-A Capitol.

#### **ROLL CALL**

**Members Present:**

Sen. Brent R. Cromley, Chairman (D)  
Sen. John Cobb (R)  
Sen. John Esp (R)  
Sen. Duane Grimes (R)  
Sen. Lynda Moss (D)  
Sen. Jerry O'Neil (R)  
Sen. Trudi Schmidt (D)  
Sen. Dan Weinberg (D)  
Sen. Carol Williams (D)

**Members Excused:** None.

**Members Absent:** None.

**Staff Present:** David Niss, Legislative Branch  
Rita Tenneson, Committee Secretary

**Please Note.** These are summary minutes. Testimony and discussion are paraphrased and condensed.

**Committee Business Summary:**

Hearing & Date Posted: SB 273, 1/26/2005; SB 287,  
1/26/2005  
Executive Action: None.

**HEARING ON SB 273**

**Opening Statement by Sponsor:**

**SEN. COREY STAPLETON (R), SD 27**, opened the hearing on **SB 273**, Establish MSU-Billings school of rural medicine.

**SEN. STAPLETON** explained the bill creates a 12-member panel to look at the cost-effectiveness, benefits, and impacts that a rural medical school in Billings would have on the State. The results of the interim committee would be presented to the 2007 Legislature. The \$250,000 in State funds would be matched with \$375,000 of federal money. He explained the bill at great length and presented a fiscal note which was in the process of being drawn up.

**EXHIBIT**(phs26a01)

**{Tape: 1; Side: A; Approx. Time Counter: 0 - 12}**

**Proponent's Testimony:**

**Sheila Stearns, Commissioner of Higher Education**, rose in support of the bill.

**EXHIBIT**(phs26a02)

**{Tape: 1; Side: A; Approx. Time Counter: 12 - 16.5}**

**Nicholas Walter, Pulmonary Critical Care Physician and CEO, Deaconess Billings Clinic** spoke in favor of the bill. He said they recruit approximately fifteen to twenty physicians a year, including physicians they place in rural and remote areas in Montana and northern Wyoming. He added there is a strong need for physicians in remote areas and did not see a medical school as competition for the WWAMI program.

**EXHIBIT**(phs26a03)

**{Tape: 1; Side: A; Approx. Time Counter: 16.5 - 28}**

**Dr. Mark Rumans, gastroenterologist with Deaconess Billings Clinic and Chief of Staff, Deaconess Billings Clinic, and a former WWAMI student**, was in strong support of the WWAMI program and the bill. He said it should not be considered an either/or opportunity for the State of Montana, but an and/or opportunity for the State. He is responsible for physician recruitment at Deaconess Billings Clinic. Recruiting doctors to rural Montana is extremely difficult, even with high-tech equipment.

**{Tape: 1; Side: B; Approx. Time Counter: 0 - 2.9}**

**Tasneem Khaleel, Professor of Biology, Montana State University, Billings** said there is a shortage of physicians nation wide. A 15% increase is estimated. There is about a one to six ratio of students getting into medical schools. She gave statistics for the number of students vs. the slots open for students and urged support of the bill.

**EXHIBIT (phs26a04)**

**{Tape: 1; Side: B; Approx. Time Counter: 2.9 - 5.3}**

**Mike Foster, St. Vincent Health Care, Billings** thanked **SEN. STAPLETON** for coming forward with the proposal because he has recognized the rural health needs of Montana and the high-quality regional health centers in Billings. They wanted to be on record as supporting the bill.

**Roxanne Fahrenwald, Director of the Montana Family Medicine Residency, Billings** said they train family physicians to practice throughout Montana. Over 60% of their graduates are in Montana and 80% of those are in frontier areas. Their residency program is affiliated with the WWAMI network and she works closely with WWAMI students. One of their current 18 residents is a Montana WWAMI graduate, while seven of the 18 residents are Montana kids who went out of state to medical school.

**{Tape: 1; Side: B; Approx. Time Counter: 5.3 - 10.7}**

**John Flink, Montana Hospital Association (MHA)**, was in support as they recognize the need for health care professionals within the State.

**Beta Lovett, Montana Medical Association**, spoke in support and asked the Committee to add language to look at all potential sights for the medical school. She asked council deliberations include in their evaluation the WWAMI program, and how the two might work together. She suggested a representative of the WWAMI program be included in the membership of the Advisory Council.

**Connie Summers, Lobbyist for the Associated Students of Montana State University-Billings** thanked **SEN. STAPLETON** for introducing **SB 273** and said the students at MSU-Billings were in full support of the bill.

**Barbara Ranf, Montana Chamber of Commerce**, agreed with the previous testimony for the bill and urged favorable consideration of **SB 273**.

**Charles Gross, Yellowstone Board of County Commissioners, Billings Area Chamber of Commerce,** rose in support of the bill.

**Carl Hanson, Interim Dean, College of Valley Health Professions, Montana State University-Billings** believed the bill would help them explore their healthcare system and how they can work to improve it. He said there were a number of individuals in the State without access to health care due to shortages in their work force. He suggested broadening this to include other health care professionals, such as nursing and allied health related areas.

**Dr. Ron Sexton, Chancellor, Montana State University-Billings,** in strong support of the bill.

**EXHIBIT** (phs26a05)

*{Tape: 1; Side: B; Approx. Time Counter: 10.7 - 19}*

**Opponents' Testimony:**

**Travis Ganje, First-year medical student, MSU WWAMI program,** rose in opposition to the bill.

**EXHIBIT** (phs26a06)

*{Tape: 1; Side: B; Approx. Time Counter: 19 - 28}*

*{Tape: 2; Side: A; Approx. Time Counter: 0 - 0.6}*

**Bill Galle, Emergency room physician, St. Peters Hospital,** worked in rural primary care during his early career. His son is a first year WWAMI student. When investigating schools for his son, he found the WWAMI program the best bargain available anywhere in the country. He thought it made sense to expand WWAMI and the residency as students practice where they train. He did not think the medical school would address the shortage of physicians in rural areas because of economics. He stated that one can make more money, working less, by not working in rural areas.

**Informational Testimony:**

**Geoff Gamble, President, Montana State University,** which includes the university system in Montana and the WWAMI program, said there is a low-cost, effective medical school in Bozeman. It is a partnership between Montana State University and the University of Washington. There are currently 80 Montana students attending medical school in the WWAMI program. The Montana students have access to some of the most brilliant medical educators in the

world, including Nobel Prize winners. There are only 20 spots available in the WWAMI program. In Bozeman, they work to accommodate the rest of the students. Nationally, 47% of students get into medical school, 83% of all medical school applicants from MSU, Bozeman, were admitted to the school of their choice in 2004. Over the 30 years, in the WWAMI program, 44% of the Montana students have returned to practice in Montana. With students returning from other states, the return rate is 59%. He continued his explanation of the program and the benefits to students.

***{Tape: 2; Side: A; Approx. Time Counter: 0.6 - 12.9}***

**Jay Erickson, Family physician**, is from Whitefish, and he taught in the WWAMI program over 15 years. He is one of the 24 directors of the third year county medicine clerkship in Whitefish. He is clinical coordinator for WWAMI in the State of Montana. He could not see the clear intent of the bill. He thought the problem should be identified and addressed. He said that there not only was a problem recruiting physicians to rural areas, there was a problem of retaining them.

***{Tape: 2; Side: A; Approx. Time Counter: 12.9 - 25.3}***

**Megan Dumas, Associated Students of Montana State University** made her self available to answer questions.

**Informational Testimony:** None.

**Questions from Committee Members and Responses:**

**SEN. WEINBERG** asked **Dr. Rumens** about recruiting doctors in the State of Montana. He pointed out the problems with training teachers and their leaving the State because of their pay. He feels the economy will not keep doctors's here and the State will be paying them to go elsewhere. **Dr. Rumens** said the issue of attracting physicians to rural Montana is complex, with multiple issues. These issues include economics, lifestyles, and the needs of their families. He said any one measure taken would be unsuccessful. It needs to be combined with mechanisms to enhance the quality of care in rural Montana, and provide options for rural practitioners. The concern about trained physicians is real. He said income is just part of the factor, they need to address all the factors.

***{Tape: 2; Side: B; Approx. Time Counter: 0 - 4.7}***

**SEN. ESP** asked **Dr. Fahrenwald** about the capacity for expansion of their residency program. **Dr. Fahrenwald** said they have some

capacity and it is part of the broadest scope of addressing the health care shortage issues. If they branch from family medicine into other areas of residency training, it would require a high teaching volume of patients, recruitment and infrastructure in medical education to support these. It would be easier to expand residency training in combination with a local medical school.

**SEN. ESP** asked her about the six slots, and up to a hundred or more applicants for the slots, and if she found people who trained in rural areas stayed there. **Dr. Fahrenwald** said they do. There were two predictors for staying in rural areas. One was training in those areas, and the other was students coming from a rural area. She thought the State could address long-term solutions by getting some of the kids from small, remote towns who aren't as competitive as the kids from the larger cities, into these programs.

**SEN. ESP** asked **SEN. STAPLETON** about expanding WWAMI and what his thoughts were. **SEN. STAPLETON** thought it was part of what should be looked at in two years. He said this needs to be compared to what can happen in the next twenty years, not right now. He added we should look at what the State of Washington has accomplished with their school, look at the money invested, and how this money will multiply down the road.

**SEN. GRIMES** asked **Mr. Foster** about the location of the medical school and why it should be in Billings. **Mr. Foster** said there are two regional medical centers in Billings, which extend into North Dakota, South Dakota, Wyoming, and parts of Canada, where people come for treatment. This is the only city in Montana with this situation. There is also the economic end of it. Dr. Steve Seniger, a health care economist, from the University of Montana, did a study two years ago which examined the economic impact of health care on the Billings area, and the State as a whole. His study showed, when investing in health care, how it translates into more jobs and businesses. These are good paying jobs. Billings is where it would make sense, after considering all these factors, and the locality of the rural areas which are in high demand for health care.

**Closing by Sponsor:**

**SEN. STAPLETON** said he would be available to the Committee for questions and asked the Committee to move the bill forward, as there is still a lot of work to be done. He understood the area was a problem but, looking over the economic prospects for the State and the medicine health services, this needs a lot more discussion.

***{Tape: 2; Side: B; Approx. Time Counter: 4.7 - 12.4}***

**HEARING ON SB 287****Opening Statement by Sponsor:**

**SEN. TRUDI SCHMIDT (D), SD 11**, opened the hearing on **SB 287**, Regulate sale of ephedrine, pseudoephedrine; meth watch program.

**SEN. SCHMIDT** she said it an important bill, which regulates the sale of pseudoephedrine and ephedrine, and is modeled after the Oklahoma law, which has a tremendous effect on the sale of meth. It limits the key ingredients to 9 grams in a 30-day period. She said there will be some amendments with the bill, including an effective due date of July 1, 2005, and an amendment coordinating the language in the title.

**{Tape: 2; Side: B; Approx. Time Counter: 13.8 - 16.3}**

**Proponents' Testimony:**

**Mike McGrath, Attorney General**, told the Committee he supported **SB 287** as an important proposal, which won't solve the problems but will help. He said it will have an impact on clandestine meth labs operating in motel rooms, apartments, camper trailers, residences, etc. People who run these labs are highly addictive and out of control. Often there are children in the home and about 1/3 test positive for the drug. Often-times the ephedrine and pseudoephedrine is stolen and, if access is reduced, there will be an impact. 85% of the meth in Montana comes from out of state. It is manufactured in mega-labs in California, offshore, or in Mexico, etc. This product will not be affected by the bill, but the bill will make a difference on people who are most dangerous, trying to manufacture the stuff themselves.

**Anna Whiting Sorrell, Family Policy Advisor, Governor's Office**, rose in support. They have met with different Legislators who have asked for legislation in helping with the meth problem. The number one priority in their office is to assure passage. She said they believe this bill, modeled after the Oklahoma model which had significant success, will help with the problem.

**{Tape: 2; Side: B; Approx. Time Counter: 16.3 - 28}**

**Jon Nehring** said the bill is a wonderful opportunity to put a dent in meth production in Montana. He said these people affect a dangerous segment of the population and are a danger to themselves, and particularly a danger to their children. He read a story about a kid, the age of his own eight-month-old boy, crawling amongst needles and a dirty diaper that hadn't been

changed in four days, while carrying a bottle of spoiled milk. He said meth affects everyone, from eight- to ten-year-olds in a household drug bust in Helena, to the eighteen-year-old who shot into a Subaru behind him with an assault weapon, because of meth. He added that these are problems confronting the citizens of Montana and he thanked **SEN. SCHMIDT** for carrying the bill.

**Don Hargrove, Montana Initiative Providers**, said they strongly support the bill. He told the Committee that eight years ago, almost nobody in Montana knew much about meth and a bill was presented to the Legislature. After the bill was presented in the Senate, a Senator asked the pages if they knew about meth. Not only did they know about it, they knew where to get it and knew somebody who had used it. He said that should get everyone's attention. He thanked **SEN. SCHMIDT** for carrying the bill.

**Steve Spanoble, Narcotics Agent, Montana Department of Justice State-Wide Drug Task Force, Montana Narcotics Officers'**

**Association, Montana Alliance for the Drug Endangered Children**

asked the Committee to picture a molecule of pseudoephedrine and, if you removed one oxygen atom, it becomes methamphetamine. This is how close pseudoephedrine and methamphetamine are. Meth cooks, and their associates, purchase from multiple retail stores using several purchasers, as well as stealing the blister packs of pills right from the boxes on store shelves. There are approximately 30 states following Oklahoma's law.

**EXHIBIT** (phs26a07)

*{Tape: 3; Side: A; Approx. Time Counter: 0 - 5.3}*

**Linda Stohl, Montana Local Health Officers Group, including Cascade, Gallatin, Lewis and Clark, Yellowstone, Flathead, Butte-Silver Bow, and Missoula counties** presented testimony on behalf of the Lewis and Clark Health Department.

**EXHIBIT** (phs26a08)

**Joe Mazurek, City of Great Falls**, spoke on the community effort, led by Mayor Gray and District Judge Kenneth Neil that was launched to address meth problems. He added that this bill, when passed, will be a big step in helping solve meth problems. Had the legislature addressed the issue of ephedrine when Don Hargrove introduced his bill in the past, we may not have some of the current problems.



**Craig Allen Campbell, Detective, Missouri River Task Force, Montana Narcotic Officers Association** said that, in 1998, they had four labs in the State of Montana. There was a high of 122 labs in 2002. He held up a box of pseudoephedrine with 20 caplets, 120 mg. per caplet, saying that is 2400 mg pseudoephedrine. The worst conversion rate they use for court is 50% conversion, which will produce 1.2 grams of meth, about the size of a sugar packet. It is worth about \$120 sold in Montana cities. Right now, in the city of Helena, there is a meth lab being set up to produce, or in the process of getting ready to produce, at this hour.

**Joyce DeCunzo, Administrator, Addictive and Mental Disorders Division, Department of Health and Human Services, (DPHHS)**, told the Committee they are very much in support of the bill. Their division is responsible for treatment of individuals with addictions, and meth is on the rise. She handed out a packet called "Meth Watch, Montana". This program educates merchants by helping them control the ingredients going into making meth. The program has been successful.

**EXHIBIT (phs26a088)**

**Jim Smith, Montana Sheriffs' and Peace Officer's Association, Montana County Attorneys' Association, Montana Pharmacy Association**, said they are all in support of the bill. It puts new duties and responsibilities upon pharmacies, but they are willing to accept these duties. He said the legislature had Senator Hargrove's bill, ten years ago, and he remembered a man who said, "you could get pure ephedra off the shelves, which will start the meth problem, and the day will come when you will be talking about pseudoephedrine."

***{Tape: 3; Side: A; Approx. Time Counter: 5.3 - 10.7}***

**Jeff Jergens, Toole County Deputy Sheriff, Safe Trail Task Force** said they conduct narcotics investigations in Glacier and Toole Counties, including the Blackfeet Indian Reservation. He learned, during one of his interviews with suspects and associated individuals, a discount retailer in Shelby was supplying pseudoephedrine for at least two meth manufacturing operations. He informed the manager of the store that his store had been targeted by the manufacturers as an easy target. The manager advised him they were averaging \$13,000 per month in inventory loss, due to shoplifting. They agreed to a one-month trial period of keeping ephedrine and pseudoephedrine based products in a separate, locked, display case and limiting access of the case to the shift supervisor and pharmacist. The initial

loss to the display case was less than \$1000. Thirty days later, their inventory loss was down to \$6000. The next month, they put lithium batteries in the same locked display case and, after 30 days, the inventory loss dropped another \$2000. He state that these results speak for themselves.

**Jim Kembel, Montana Association of Chiefs of Police** told the Committee, the agents said it all and he supports the bill.

**Winnie Ore, Montana Department of Corrections** said the Department stands in support of the bill.

**Chris Christiaens, Montana Farmers Union, Montana Landlords Association,** He said meth is the greatest risk to them because of their mobility. The affect motels, hotels and every other facility with housing or sleeping rooms. In farming areas, labs are going into abandoned farmsteads and residuals are being dumped into abandoned wells, septic tanks, and cisterns. They strongly support the bill and he urged support.

**Will Michael, Social Services Coordinator, Helena Housing Authority,** represented Executive Director, Colleen McCarthy, and their Board of Directors, who are all in full support of **SB 287**. They are cosponsors of the Meth Life Program in Helena and support the Committee's efforts in passing the bill.

#### **Opponents' Testimony:**

**Adan Myhre, Consumer Health Products Association of America,** which is involved with the meth issue, rose as a reluctant opponent. She said there is a grant in Meth Watch packet they sponsor. She reluctantly opposed the bill because she said 95% of the bill is good, but one of the concerns of HPA is the use and access of over the counter cold medicines for consumers who need it for effective treatment. She suggested an amendment covering access for people in rural areas.

*{Tape: 3; Side: A; Approx. Time Counter: 10.7 - 19.9}*

**Brad Griffin, Montana Retailers Association,** rose as reluctant opponent to the bill. He believed retailers could be responsible merchants of the product and they need to be part of the solution to the problem. Their primary concern was with customer access. He was not clear how the provision on page 2, line 20 saying, "retailers take such action as necessary to insure that a person does not purchase or acquire more than 9 grams within any 30-day period", could be accomplished. With people lined up at the counters, and pharmacists being busy with prescriptions and over-the-counter purchases, he was unsure how they would keep track.

He said they would like to work with the Committee on a more workable bill.

**McKee Anderson, Montana Food Distributors Association**, pointed out that, for some people in rural areas, it would a round trip of 180 miles for medicines. One of their members, on Lincoln Road, has placed the product behind the counter in a locked access. Most of his customers have done this through the meth watch program. They support 95% of the bill but oppose the cost and limited access to the general public and rural Montana.

**EXHIBIT (phs26a09)**

***{Tape: 3; Side: A; Approx. Time Counter: 19.9 - 28}***

**Dan Haffey, Butte Health Department**, presented written testimony in favor of the bill at the end of the hearing.

**EXHIBIT (phs26a10)**

**Informational Testimony:**

**Jean Branscum, Deputy, Secretary of State's Office**, said she was the policy advisor during the Governor Martz-Ohs administration. They spent four years looking at viable options to addressing the meth issue and brought the meth watch program to Montana. She said she assisted in drafting of this bill and offered her assistance.

**Questions from Committee Members and Responses:** None.

**Closing by Sponsor:**

**SEN. SCHMIDT** shared the *Independent Record* question of the week asking whether the purchase of cold medicines containing the pure use of making meth should be restricted, even if regular customers of the products are inconvenienced. She said more than seven out ten readers said yes. Out of 854 responses, 614 said the restrictions were necessary, while 281 did not. She shard some of the comments of responders. **SEN. SCHMIDT** gave statistics relating to children and meth and continued to say, even though it is inconvenient for people for medical reasons, this needs to be made inaccessible to meth cooks. People need get on board and say, "Not in my town." They need to be willing to make sacrifices to prevent meth cooks from making their town and area a meth lab location. In the past, grocery stores and pharmacies weren't open after 6:00 p.m. People learned to plan ahead for what they might need, and she thought this was true now.

**ADJOURNMENT**

Adjournment: 5:55 P.M.

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SEN. BRENT R. CROMLEY, Chairman

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RITA TENNESON, Secretary

BC/rt

Additional Exhibits:

**EXHIBIT ([phs26aad0.TIF](#))**